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Psychosocial Problems of Elderly Persons in Lagos State, Nigeria: Implications for Counselling Practice

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Abstract

Elderly persons experience some psychosocial problems as they progress in age. These problems hinder their well-being and adjustment at old age. The psychosocial concerns of the elderly persons can also be compounded by stressful situations in urban areas such as hectic transportation. This study therefore investigated psychosocial problems of elderly persons in Lagos State, Nigeria. Descriptive survey research design was adopted for the study. The participants were selected using purposive, proportional and accidental sampling techniques. A researcher-designed questionnaire was employed in collecting data for the study. Four null hypotheses were formulated for the study and tested using t-test and Analysis of Variance at 0.05 level of significance. The study revealed that elderly persons in Lagos State experienced psychosocial problems such as loss of significant persons, depression, insomnia and loneliness. It was also found that there were significant differences in the psychosocial problems of elderly persons in Lagos State based on gender and educational qualification but no significant differences were found based on age and marital status. Based on the findings of the study, it was recommended that adequate support systems should be provided for elderly persons to improve the well-being and cushion the impacts of the psychosocial problems. Counsellors should therefore acquire the skills necessary to provide psychosocial support for the elderly in Lagos State, Nigeria.

Key words: Psychosocial problems, Elderly persons, Lagos State, Counselling

Introduction

Every individual goes through the process of ageing as they advance in age. This advancement in age holds corresponding body deterioration as a result of old age. Old age could be a source of psychosocial challenge to a number of elderly persons. Thus, the majority of elderly persons are vulnerable; they are at risk of bodily changes, reduced agility, weakened immune system, thinner skin, diminished sensory organs, loss of independence, frequent falls and can often be involved in domestic accidents.

Elderly can be defined according to a range of characteristics such as chronological age, change in social role and change in functional abilities (World Health Organisation, 2010). Naja, Makhoulouf and Chehab (2017) reported that older people as defined by the United Nations comprises persons aged 60 years and above. Akman (2004)

also added that many societies regarded 60 to 65 years as the threshold of old age which is related to the retirement age. The criterion for determining old age varies from one nation to another; this variation could be traced to differences in economic development, medical facility, retirement provisions and host of others. According to Santrock (2006), the elderly persons are often classified as the young old (60-74 years), the old-old (75-84 years) and the oldest old (85 years and above).

In Nigeria, the number of elderly persons is growing; the percentage of the population aged 60 and above was put at 4.9% in 2005; it is estimated that by the year 2025, the population of people aged 60 years and above in Nigeria will constitute 6 percent of the total population (Gesinde, Adedapo & Charles, 2011). It is projected that this figure will increase to 9.9% of the population in the year 2050. From this, it could be assumed that the number of elderly persons in Nigeria is increasing. This increase might result from reduction in mortality rate and a relative increase in life expectancy.

According to Omorogiuwa (2016), the increase in the number of elderly persons could be traced to improvement in the technological field and a breakthrough in the field of medicine which has resulted into discovery of new medicines and vaccines. In the same vein, Animasahun and Chapman (2017) attributed the increase in the number of elderly persons to decreased mortality rates, decreased birth rates and migration trends. This implies that improvement in the standard of living can enhance longevity.

Although, there are inevitable age associated changes that elderly persons might experience, the actual onset of such changes is not uniform among the elderly and the manner in which individual experiences it differ. These changes can be physical, social, biological or psychological. Each of these changes has its own accompanying problems; this implies that there could be social problems, biological problems, psychological problems or even psychosocial problems which is the focus of this study.



In the context of this work, psychosocial problems of elderly persons are the psychological and social concerns that these group of people experience. The psychosocial problems that the elderly person experience might include dementia, loneliness, isolation, depression, anxiety, and loss of significant person to name a few. These problems often challenge the well-being and quality of life of elderly persons.

Dementia is a psychosocial problem among the elderly persons; it is a cognitive impairment. It is a syndrome in which there is deterioration in memory, thinking, behaviour and ability to perform everyday activities. The occurrence of dementia increases with age; it contributed to major causes of disability and dependency among elderly people. There are many different forms of dementia. According to Foley and Swanwick (2014), the types of dementia are Alzheimer's disease, vascular dementia, lewy bodies' dementia, fronto-temporal dementia and mixed dementia.

Elderly persons also experience loneliness; loneliness is being unable to obtain warmth and comfort from others. It is the feeling of seclusion from people; it usually resulted into fatigue, bitterness and despair (Kourkouta, Iliadis & Monios, 2015). Loneliness is detrimental to physical and mental health. The causes of loneliness could be traced to retirement where the elderly has to adjust to new conditions of living, loss of loved ones such as partners, friends, relatives and neighbours. Another factor that contributes to the feeling of loneliness is the weakened relationship of the elderly with his/her children, where there is no regular contact or visit as a result of work schedule and/or distance.

Isolation is a psychosocial problem that involves separation of elderly persons from social or familiar contact, community involvement and access to services. Kourkouta, Iliadis and Monios (2015) asserted that isolation in elderly persons is as a result of exclusion from work and vocational training, reduced entertainment and integrated life. Although, the withdrawal of elderly from society is natural; but to reduce the occurrence of feeling of isolation, the elderly could be assisted by family members in persuading and discussion.

Depression is another psychosocial problem that elderly persons experience. It arises in elderly persons as a result of continuous or long period feelings of unhappiness, or disappointment. Depression is characterized by a low mood, anxiety, retardation and bodily discomfort. It involves withdrawal of life interest, lack of motivation, loss of vital energy and feelings of hopelessness. Anderson (2001) argued that if

depression is left untreated, it can lead to high morbidity and mortality rates. The risk factors for depression among elderly include grief and loss, chronic illness and pain. Elderly feels depressed when the feeling of loss of true meaning of life sets in (Kourkouta, Iliadis & Monios, 2015). As a result of depression, elderly person may likely experience memory problems or lose considerable amounts of weight.

Anxiety is also a psychosocial problem that elderly person can experience. It is a common psychological problem among the elderly. It commonly occurs along with other mental or physical illnesses. According to Friedman and Williams (2012), elderly persons experiencing anxiety disorder have more difficulties managing the day-to-day activities and are at greater risk of physical illness, falling easily, depression, disability, premature mortality and social isolation because they cannot easily move about unaided.

Loss of significant persons such as spouse, children and relatives poses a threat to the life of elderly persons. It is referred to as a life-shattering experience. The impacts of loss on elderly persons include depression, sleeplessness and loss of appetite. In some cases, loss of significant persons can lead the elderly to neglect some daily life activities. These psychosocial problems are threats to elderly persons and detrimental to the well-being of elderly persons. It is on this background that this study investigated the psychosocial problems of elderly persons in Lagos State, Nigeria. Lagos State is a cosmopolitan state; characterized by vibrant economic activities that attracted people from other states to settle down and earn a living. This gave the researcher opportunity to have access to elderly persons from different ethnic groups in the country.

Problem Statement

The psychosocial problems of elderly persons can be devastating. It presents multitude of challenges for the elderly persons. It can also become major health risk factors for the elderly. Along with the risk of suicide, elderly person experiencing psychosocial problem may engage in risky health behaviour such as excess intake of alcohol, smoking of cigarette and generally leading a sedentary life style.

Psychosocial problems present myriads of hardships on elderly; living alone due to death of loved ones lowers the quality of life; reduced income as a result of loss of status; health-related problems as a result of isolation and loneliness; depression diminishes overall quality of life and is often associated with significant distress, depression leads to inability to actively participate in daily life activities; emotional problems (senile



dementia) have a significant negative effects on the well-being of elderly.

Researchers have worked on issues concerning the elderly persons; for instance, Boralingaiah, Bettappa and Kashyap (2012) worked on the prevalence of psychosocial problems among elderly in Karnataka, India. The findings showed that anxiety, insomnia, somatic symptoms, social dysfunction and severe depression were present in elderly persons. Similarly, Thakur, Banerjee and Nikumb (2013) investigated health problems among the elderly in Pune, India. The findings revealed that visual and hearing impairments were common among the elderly. It was also found that almost half of the respondents reported history of depression. Likewise, Omorogiuwa (2016) investigated the psychosocial problems of elderly in Benin Metropolis, Nigeria. The findings showed that the psychosocial problems of the elderly are socio-economic challenge, social-isolation, health and emotional challenges.

Research Question

1. What are the psychosocial problems of elderly persons in Lagos State, Nigeria?

Hypotheses

1. There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria based on age.
2. There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria based on gender.
3. There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria based on marital status.
4. There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria based on highest educational qualification.

Methodology

The descriptive survey research design was employed for this study. It involves gathering of information about events, situations and conditions. According to Best and Kahn (2002), descriptive survey describes and interprets conditions, opinions and situations. Since this study was to investigate the psychosocial problems of elderly persons in Lagos State, Nigeria, descriptive survey is appropriate for the study.

The population of this study consisted of all elderly persons (60 years and above) in Lagos State, Nigeria while the target population comprised elderly persons in selected Local Government Areas. The researcher purposively selected five Local Government Areas with the highest number of elderly persons in Lagos State and the proportional sampling procedure was

employed to distribute respondents while accidental sampling was adopted to select 400 respondents that participated in the study. The proportional sampling method was used as a result of uneven distribution of elderly persons in the local governments selected. However, 384 copies of the questionnaire were properly filled; and this figure was utilized for the purpose of data analysis and hypotheses testing.

The instrument used for the collection of data for this study was a researcher-designed questionnaire entitled "Psychosocial Problems of Elderly Persons Questionnaire". The questionnaire for the study was divided into two sections; A and B. Section A consisted of items on the personal information of the respondents. Section B of the questionnaire comprised items that sought information on the psychosocial problems of elderly persons.

The instrument was validated by experts in the Departments of Counsellor Education and Psychology while the reliability of the instrument was established by giving the instrument to twenty elderly persons in Ilorin Metropolis who were not part of the respondents for this study. After an interval of four weeks, the same instrument was administered on the same group of elderly persons. The two sets of scores were correlated using the Pearson's Product Moment Correlation formula and a coefficient of 0.76 was obtained.

The questionnaire consisted of 20 items on the psychosocial problems of elderly persons and was scored as follows: VTM- Very True of Me (4 points); TM – True of Me (3 points); NTM – Not True of Me (2 points); NVTM – Not Very True of Me (1 Point). The result was interpreted using mean score of 2.5.

The data obtained were analysed using Statistical Package for Social Sciences (SPSS) version 17.0 statistical software. Rank order, t-test and Analysis of Variance (ANOVA) were used to analyse the data at 0.05 level of significance.

Results

What are the psychosocial problems of elderly persons in Lagos State, Nigeria?

Table 1: Mean and Rank Order Analysis on Psychosocial Problems of Elderly Persons in Lagos State, Nigeria

Item no	As an elderly person, I experience/have experienced	Mean	Rank
9	loss of significant persons (spouse, friends, relatives) through death	2.83	1 st



Item no	As an elderly person, I experience/have experienced	Mean	Rank
1	depression (low mood)	2.77	2 nd
13	loss of making independent decision	2.73	3 rd
11	reduced income (financial constraint)	2.69	4 th
20	energy loss (unexplained fatigue)	2.57	5 th
10	insomnia (being unable to sleep)	2.54	6 th
12	worry about tomorrow	2.54	6 th
2	Loneliness	2.54	6 th
15	dejection due to body weakness	2.45	9 th
17	Frustration	2.42	10 th
14	inability to manage crisis	2.39	11 th
3	Isolation	2.35	12 th
7	Unhappiness	2.28	13 th

Item no	As an elderly person, I experience/have experienced	Mean	Rank
4	Abuse	2.26	14 th
6	loss of independence	2.24	15 th
8	reduced mental capacity	2.24	15 th
16	fear of death	2.22	17 th
5	Neglect	2.21	18 th
19	lowered self-esteem	2.18	19 th
18	loss of respect	2.12	20 th

Table 1 indicates the mean and ranking of psychosocial problems of elderly persons in Lagos State, Nigeria.

Hypotheses Testing

Four null hypotheses were formulated and tested using t-test and Analysis of Variance (ANOVA) statistical procedures at 0.05 alpha level.

Hypothesis 1:

There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria based on age

Table 2: Analysis of Variance (ANOVA) of Psychosocial Problems of Elderly Persons on the Basis of Age

Sources of Variance	Sums of Squares	Df	Mean Squares	Calculated F- value	Critical F-value	p-value
Between Groups	574.710	2	287.355	2.943	3.00	.054
Within Groups	37195.100	381	97.625			
Total	37769.810	383				

Table 2 presents data on the Analysis of Variance of psychosocial problems of elderly persons on the basis of age. The table shows that the calculated F-value of 2.94 is less than the critical F-value of 3.00 (p-value .054 > 0.05 level of significance). Therefore, the null hypothesis which states that there is no significant difference in the psychosocial problems of elderly persons on the basis of age was retained.

Hypothesis 2:

There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria on the basis of gender.

Table 3: Measure of means, Standard Deviation and t-value of Respondents' Psychosocial Problems on the Basis of Gender

Gender	N	Mean	Standard Deviation	Df	Calculated t-value	Critical t-value	p-value
Male	203	49.68	10.039	382	2.32*	1.96	0.021
Female	181	47.34	9.686				

*p<0.05

Table 3 presents data on the means, standard deviations and t- value of respondents' psychosocial problems on the basis of gender. The table shows that the calculated t-value of 2.32 is greater than the critical t-value of 1.96 (p-value 0.02 < 0.05 level of significance). On this basis, the null hypothesis which states that there is no significant difference in the psychosocial problems of elderly persons in Lagos State on the basis of gender was rejected.

**Hypothesis 3:**

There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria on the basis of marital status.

Table 4: Analysis of Variance (ANOVA) of Psychosocial Problems of Respondents on the Basis of Marital Status

Sources of Variance	Sums Of Squares	df	Mean Squares	Calculated F- value	Critical F-value	p-value
Between Groups	358.998	2	179.499	1.828	3.00	.162
Within Groups	37410.812	381	98.191			
Total	37769.810	383				

Table 4 presents data on the Analysis of Variance of respondents' psychosocial problems on the basis of marital status. The table shows that the calculated F-value of 1.82 is less than the critical F-value of 3.00 (p-value .162 > 0.05 level of significance). Therefore, the null hypothesis which states that there is no significant difference in the psychosocial problems of elderly persons on the basis of marital status was retained.

Hypothesis 4:

There is no significant difference in the psychosocial problems of elderly persons in Lagos State, Nigeria on the basis of educational qualification.

Table 5: Analysis of Variance (ANOVA) of Psychosocial Problems of elderly persons based on educational qualification

Sources of Variance	Sums of Squares	Df	Mean Squares	Calculated F- value	Critical F-value	p-value
Between Groups	1834.381	5	366.876	3.859 *	2.21	.002
Within Groups	35935.429	378	95.067			
Total	37769.810	383				

*p<0.05

Table 5 shows that the calculated F-value of 3.85 is greater than the critical F-value of 2.21 (p-value .002 < 0.05 level of significance). Therefore the null hypothesis which states that there is no significant difference in the psychosocial problems of elderly persons on the basis of educational qualification was rejected. A further examination of the differences was carried out using Duncan's Multiple Range Test (DMRT).

Table 6: DMRT showing the Magnitude of Differences in the Psychosocial Problems of Elderly persons based on educational qualification

Educational Qualification	N	Mean	Duncan Groupings
First Degree	81	46.30	D
//HND			
Postgraduate	37	46.81	D
WASC/SSCE	64	47.19	C
NCE/OND	60	49.57	B
Primary	119	49.66	B
No Formal Education	23	55.09	A

Table 6 shows the magnitude of differences in the psychosocial problems of elderly persons on the basis of educational qualification. The information on the table revealed that respondents who had no formal education with a mean score of 55.09 contributed more to the differences noted in the ANOVA on table 5.

Discussion

The results of the study revealed that psychosocial problems of elderly persons comprised loss of significant person, depression, loss of making independent decision, reduced income, energy loss and insomnia. The finding of this study was consistent with the findings of Boralingaiah, Bettappa and Kashyap (2012) who found that elderly persons exhibited psychosocial problems of anxiety, insomnia, social dysfunction and depression. Similarly, the finding of this study corroborated the findings of Omorogiuwa (2016) who found that elderly persons experienced psychosocial problems of socio-economic challenge, social isolation and emotional challenges. This implied that elderly persons are expected to exhibit some psychosocial problems; this might be due to advancement in their age. This means that the experience of psychosocial problems among elderly persons might not be inevitable; since it is natural for some changes to



take place as individual advances in age, such changes could lead to having psychosocial problem. In the same vein, the society allows an individual to work for some years of life after which such person can disengage from work. The disengagement from work may bring reduction in financial status and reduction in contact with people. Therefore, the experience of psychosocial problems among the elderly persons may not be a disease but a reality.

The study also showed that there was no significant difference in the psychosocial problems of elderly persons on the basis of age. This means that all elderly persons (60 years and above) experienced psychosocial problems. This implied that the manner in which 60–69 years elderly persons experienced psychosocial problem is the same with those in the category of 70–79 years and 80 years and above. The finding was not in agreement with the findings of Boralingaiah, Bettappa and Kashyap (2012) who found that that the young old (60-75 years) were more functional than the other categories (75 years and above). The finding of this study also contradicted that of Sharma, Sharma and Singh (2015) who reported that occurrence of problems among elderly person increased with advancement of age. The result of this finding might be as a result of the fact that Lagos State where this study was conducted is full of challenges where everybody is going through stress and struggling for survival. This may mean that more stress can make the elderly persons experience more psychosocial problems.

It was found that there was a significant difference in the psychosocial problems of elderly persons in Lagos State based on gender. This implied that the manner in which male and female elderly persons experienced psychosocial problems differed. The finding of this study corroborated the findings of Kaldi, Aliakbari and Foroghan (2004) who reported that elderly women face multiple problems. Similarly, the finding of this study was in line with the findings of Boralingaiah, Bettappa and Kashyap (2012) which showed that psychological distress was found more among elderly women. The reason for this finding might be connected to the fact that women are generally saddled with more responsibilities than men such as job demands, household chores, rearing and caring for children and grandchildren.

The study further showed that there was no significant difference in the psychosocial problems of elderly persons in Lagos State based on marital status. This implied that the manner in which married elderly persons experience psychosocial problems was the same among the widowed and divorced/separated elderly persons.

The finding of this study contradicted the findings of Williams, Zhang and Packard (2017) who found that married elderly persons reported lower depression than those who were widowed or divorced. Also found that married elderly persons reported higher level of life satisfaction compared to those who are widowed or separated. The reason for this finding could be traced to the nature of place where the research was conducted. Lagos state is a place that is full of stress; people went through rigorous activities every day to make both ends meet.

The study further showed that there was a significant difference in the psychosocial problems of elderly persons in Lagos State based on educational qualification. This implied that education played a major role in the psychosocial problems of elderly persons. The finding further revealed that respondents with no formal education contributed to the differences noted in the result and this could mean that those with no formal education at all had more psychosocial problems. The findings of this study is in line with the findings of Adeyanju, Oyedele and Alao (2014) who found that educated elderly persons reported better health. The finding was also in support of Boralingaiah, Bettappa and Kashyap (2012) who found that the literates were more functional than illiterate. The reason for this finding can be traced to the fact that education improves the way of life, changes orientation and affects the manner of thinking of people. Elderly persons with no formal education might not have exposed to talks or seminars to managing psychosocial problems.

Implications for Counselling Practice

Old age is a natural process that does not have to mean constant deterioration and hardship. However, it involves gradual wearing out of vital organs and systems in the body which eventually might lead to psychosocial challenges on elderly persons. These challenges may be psychological or sociological. The impacts on elderly person can be devastating, hence reducing the quality of life of elderly persons. Therefore, professional counsellors need to assist elderly persons for relief and comfort.

Counsellors can play a major role in assisting elderly persons to achieve a fulfilling and enjoyable life. Counsellors need to be versed in knowledge of gerontology and how it affects the elderly persons. The knowledge will form the basis for intervention.

Counsellors may need additional skills and training to cater for this category of people. Relating with elderly persons requires patience, care, love and empathy which the counsellor



should be equipped with in order to have a good relationship with them.

Counsellors need to develop therapeutic strategies and techniques (such as Cognitive Behaviour Therapy) to relieve the psychosocial problems of elderly persons. Adequate provisions should be put in place to enable the elderly persons learn and use the techniques.

Counsellors need to work with elderly persons to bring about effective change and enhance quality well-being. Counsellors can help organise public talks to sensitise the society on the reasons why they need to improve care for elderly persons.

Counsellors need to look for enabling environment, conducive atmosphere, and safety conditions to have flexible and interactive sessions with elderly persons. The session will allow elderly persons to freely express themselves and provide opportunity to connect with peer groups.

Recommendations

Based on the findings of this study, the following recommendations are made:

- Elderly persons should be encouraged through counselling to accept psychosocial problems as a normal part of life since many of these problems are bound to occur as individual advances in age.
- Adequate support systems should be provided for elderly persons to improve the well-being and cushion the impacts of the psychosocial problems.
- Elderly persons should be given special attention such as welfare packages, economic buffer, and medical care to ensure healthy living.
- Talks and seminars in indigenous languages should be organised for elderly persons who had no formal education to keep them abreast of information needed to reduce psychosocial problems.

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